

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

2006 DEC 18 A 9:17

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name New Yorkers for Responsible Leadership

(b) Address (number and street) ☐ check if different than previously reported

108 E 96th St. 9E
(c) City, State and ZIP Code New York, NY 10128

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C30000665

3. Is This Statement

New
or
☒ Amended

4. Covering Period

10 19 2006
through
10 27 2006

5. (a) Date of Public Distribution(s) 10 27 2006 (b) Communication Title Lessee Revised

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10?

Yes No ☒

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☒ No

8. Custodian of Records

(a) Name Kevin Fullington

(b) Address (number and street) 108 E. 96th St. 9E

(c) City, State and ZIP Code New York, NY 10128

(d) Name of Employer or Principal Place of Business

(e) Occupation

Herrick, Feinstein LLP

Attorney

9. Total Donations This Statement

6100000

10. Total Disbursements/Obligations This Statement

60,000.00

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Kevin Fullington

SIGNATURE

[Signature]

DATE

12/5/6

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

20070912220

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name Kevin Fullington	(b) Address (number and street) 108 E 96th St. 9E	(c) City, State and ZIP Code New York, NY 10128	(d) Name of Employer or Principal Place of Business Herrick, Feinstein LLP	(e) Occupation Attorney
B.	(a) Name	(b) Address (number and street)	(c) City, State and ZIP Code	(d) Name of Employer or Principal Place of Business	(e) Occupation
C.	(a) Name	(b) Address (number and street)	(c) City, State and ZIP Code	(d) Name of Employer or Principal Place of Business	(e) Occupation
D.	(a) Name	(b) Address (number and street)	(c) City, State and ZIP Code	(d) Name of Employer or Principal Place of Business	(e) Occupation
E.	(a) Name	(b) Address (number and street)	(c) City, State and ZIP Code	(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE 1 OF 2

A. Full Name of Donor FRANK L. CIMINELLI Mailing Address of Donor 350 ESSAY RD. City Buffalo State NY Zip 14221	Date of Receipt 10 19 2006 Amount 3,000.00
B. Full Name of Donor Louis P. Ciminelli Mailing Address of Donor 369 Franklin St. City Buffalo State NY Zip 14202	Date of Receipt 10 19 2006 Amount 2,000.00
C. Full Name of Donor Gary M. Brost Mailing Address of Donor 9810 Main St. City Clarence State NY Zip 14031	Date of Receipt 10 19 2006 Amount 5,000.00
D. Full Name of Donor Mark E. Hanister Mailing Address of Donor 9715 Rocky Point City Clarence State NY Zip 14031	Date of Receipt 10 20 2006 Amount 5,000.00
E. Full Name of Donor Richard E. Garman Mailing Address of Donor 578 Mill Rd. City E Aurora State NY Zip 14052	Date of Receipt 10 20 2006 Amount 5,000.00

SUBTOTAL of Donations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 9)

SCHEDULE 9-A
Donation(s) Received

PAGE 2 OF 2

<p>A. Full Name of Donor Jack PAC</p> <p>Mailing Address of Donor PO Box 14</p> <p>City Buffalo State NY Zip 14205</p>	<p>Date of Receipt 10 20 2006</p> <p>Amount 5000.00</p>
<p>B. Full Name of Donor Alexander F. Treadwell</p> <p>Mailing Address of Donor PO Box 371</p> <p>City Westport State NY Zip 12993</p>	<p>Date of Receipt 10 23 2006</p> <p>Amount 25000.00</p>
<p>C. Full Name of Donor Heather Williams</p> <p>Mailing Address of Donor 36 Audubon Dr.</p> <p>City Amherst State NY Zip 14226</p>	<p>Date of Receipt 10 23 2006</p> <p>Amount 5000.00</p>
<p>D. Full Name of Donor R.B. Newman II</p> <p>Mailing Address of Donor 65 Briar Hill Rd.</p> <p>City Williamsville State NY Zip 14221</p>	<p>Date of Receipt 10 23 2006</p> <p>Amount 5000.00</p>
<p>E. Full Name of Donor William H. Donley</p> <p>Mailing Address of Donor 100 Via Foresta Lane</p> <p>City Williamsville State NY Zip 14221</p>	<p>Date of Receipt 10 24 2006</p> <p>Amount 1,000.00</p>

SUBTOTAL of Donations This Page (optional)

TOTAL This Period (last page this line number only)
(carry total from last page to Line 9)

61,000.00

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 1 OF 1

A. Full Name (Last, First, Middle Initial) of Payee Multi Media Services Corp.				Date of Disbursement or Obligation 10 27 2006	
Mailing Address of Payee 915 King St.				Amount 60,000.00	
City Alexandria		State VA		Zip Code 22314	
Name of Employer		Occupation		Communication Date 10 27 2006	
Purpose of Disbursement (Including title(s) of communication(s)) Media Buy for TV ad - Lesser Revised					
Name of Federal Candidate JACK DAVIS		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NY District: 26	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <input type="checkbox"/> District: <input type="checkbox"/>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <input type="checkbox"/> District: <input type="checkbox"/>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					
B. Full Name (Last, First, Middle Initial) of Payee					
Mailing Address of Payee					
City		State		Zip Code	
Name of Employer		Occupation		Date of Disbursement or Obligation	
Amount					
Communication Date					
Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <input type="checkbox"/> District: <input type="checkbox"/>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <input type="checkbox"/> District: <input type="checkbox"/>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <input type="checkbox"/> District: <input type="checkbox"/>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					
SUBTOTAL of Disbursements/Obligations This Page (optional)					
TOTAL This Period (last page this line number only)					
(carry total from last page to Line 10)					

60,000.00

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>12-5-06</i>
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JmD

PREPARER

(3/2005)

12-18-06

DATE PREPARED

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